NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)



JAN 1 2005

DEAN HELLER SECRETARY OF STATE

NAME Garn Mabey MAILING ADDRESS 1404 Silver Oaks	LEN	GTH OF RESIDE	NCE IN NEVADA	19 yea	urs
CITY, STATE, ZIP Las Vegas NV 89	VOT	E	NCE IN DISTRICT	WHERE REG	ISTERED TO
TELEPHONE 702 242 2894		· · · · · · · · · · · · · · · · · · ·	NRS 281.571()(a)	
List all public offices for which this financial disclosu	re statement is	required [NRS 2	ANNUAL all elected and appointed public officers	CANDIDATE (no later than the 10th day after the last day	APPOINTMENT to fill unexpired term of an elected or appointed public
	Annual	-	(no later than Jan. 15 each year)	to qualify as a candidate)	officer (within 30 days)
Public Office	Annual Compensation	Term or Date Appointed	NRS 281.559(1)(b) 281.561(1)(b)	NRS 281.561(1)(a)	NRS 281.559(1)(a)
Assembly District 2	\$11,7000	11/02	X		
	\$			$\overline{\Box}$	
	\$		$\overline{\Box}$	$\overline{\Box}$	
EADW Donley					Household Member Member Member
List each creditor to whom you or a member of your lor deed of trust on real property which is not required vehicle for personal use was retained by seller] [NRS 2	TO be listed bein	M and (7) dat	re [except (1) de et for which a se	ebt secured lecurity interes	by mortgage st in a motor
Nas				S	elf Household Member
None				Г	
					
		·			- <u>-</u>
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				<u>_</u>	, L
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involved as a trustee, benefici	ary of a trust, director, officer, owner in waresenting 1% or more of the total outstar	hole or in part, limited or general	I partner, or holder of by the business entity
R. Garn Mabe Family Limiter	y Fr. MD. Chartered 1 Partnerships	Ludical office	Self Household Member
state or an adjacent state [NRS	ecific Location	ue of which is \$2,500 or more; a	nd (3) located in this
consanguinity or affinity; and (2	alue of each gift received in excess of a ear [except (1) a gift received from a per t) ceremonial gifts received for a birthday have a substantial interest in your legislat	rson who is related to you within /. wedding. anniversary, holiday	the third degree of
-n/A	Donor		Value of Gift \$ \$ \$ \$ \$
1 1 (ROVIDED HEREIN IS ACCURATE AND	COMPLETE.	
Date: 1 4 04	Signature:		

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of your household is

Revised 8/28/2003